

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/926391  
APPLICANT(S)  
Shicjri

FILING DATE

02 JAN 2002

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/		/				51									
2		/		/			52									
3		2		/			53									
4		0		/			54									
5	/		/				55									
6		/		/			56									
7		2		/			57									
8		0		/			58									
9		0		/			59									
10		0		/			60									
11		0		/			61									
12				/			62									
13				/			63									
14				/			64									
15				/			65									
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38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	2		2				TOTAL IND.									
TOTAL DEP.	11		7				TOTAL DEP.									
TOTAL CLAIMS	13		9				TOTAL CLAIMS									